

County: Aiken

## Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ADULT AND SENIOR DAY CARE SERVICES LLC 203 JEWEL ST N NEW ELLENTON, SC 29809 LARY, ANYETA PH#: 803-652-3421 Fac. Cont. Email: NURSERNU@YAHOO.COM	ADC-0271 / 04/30/2009 Aiken / Ltd. Liability PO BOX 5101 AIKEN, SC 29804 ADULT AND SENIOR DAY CARE SERVICES LLC	5
Number of Participants		5
ANGEL'S LANDING ADULT DAYCARE FACILITY LLC 355 WHEAT RD AIKEN, SC 29801 ALLEN, JAMES M PH#: 803-648-3356 Fac. Cont. Email: JIMBOBB355@MSN.COM	ADC-0275 / 08/31/2009 Aiken / Ltd. Liability 355 WHEAT RD AIKEN, SC 29801 ANGEL'S LANDING ADULT DAYCARE LLC	5
Number of Participants		5
GINGER'S ADULT DAY CARE LLC 401 A W MARTINTOWN RD NORTH AUGUSTA, SC 29841 SCOTT, EMMA PH#: 803-279-7822 Fac. Cont. Email: HATTAE25@HOTMAIL.COM/2ECBL@BELLSOUTH.NE T	ADC-0273 / 06/30/2009 Aiken / Ltd. Liability 401 A W MARTINTOWN RD NORTH AUGUSTA, SC 29841 GINGER'S ADULT DAY CARE LLC	5
Number of Participants		5

## Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	3	Number Licensed Units	15
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County: Aiken

## Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AMBULATORY SURGICAL CENTER OF AIKEN LLC 4211 TROLLEY LINE RD AIKEN, SC 29801 HINER, ERIC A PH#: 803-648-2840 Fac. Cont. Email: ERIC@AIKENSURGERY.COM	ASF-0096 / 11/30/2009 Aiken / Ltd. Liability 4211 TROLLEY LINE RD AIKEN, SC 29801 AMBULATORY SURGICAL CENTER OF AIKEN LLC	6
Operating Rooms	4 Procedure Rooms	1 Endoscopy Rooms
CAROLINA AMBULATORY SURGERY CENTER 110 PEPPER HILL WAY AIKEN, SC 29801 HUTTO, CHRISTY K PH#: 803-642-6060 Fac. Cont. Email: DKROK@MAC.COM	ASF-0101 / 05/31/2009 Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801 CASC ACQUISITION INC	2
Operating Rooms	1 Procedure Rooms	1 Endoscopy Rooms
		0

## Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Aiken

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CUMBERLAND HILLS</b> 3215 WISE CREEK LN AIKEN, SC 29801-0000 STEWART, JASON A PH#: 803-643-0073 <b>Fac. Cont. Email:</b> KARMSTRONG@MARRINSON.COM	CRC-1121 / 09/30/2009 Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801 CUMBERLAND HILLS	34
<b>Certifications:Alzheimer Care</b>		
<b>EDEN GARDENS - AIKEN</b> 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 LARKE, ANGIE C PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1316 / 11/30/2009 Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803 TWENTY TWO PACK MANAGEMENT CORPORATION	110
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>GENERATIONS OF MONETTA L L C</b> 77 CATO RD MONETTA, SC 29105 TISDALE, SHAWNTA T PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0876 / 10/31/2009 Aiken / Ltd. Liability PO BOX 96 MONETTA, SC 29105-0096 GENERATIONS OF MONETTA L L C	22
<b>Certifications:None</b>		
<b>GOD'S HAVEN OF REST</b> 516 BELVEDERE CLEARWATER RD BELVEDERE, SC 29841-2583 AYERS, HAZEL L PH#: 803-279-1129 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1237 / 12/31/2009 Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD BELVEDERE, SC 29841-2583 HAZEL LEIGH AYERS	9
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>HAMMOND HOUSE</b> 128 WALNUT LN NORTH AUGUSTA, SC 29860 HOLLEY, SHANNON PH#: 803-441-8441 <b>Fac. Cont. Email:</b> HAMMONDHOUSE@ALCCO.COM	CRC-1405 / 11/30/2009 Aiken / Corporation 128 WALNUT LN NORTH AUGUSTA, SC 29860 ASSISTED LIVING CONCEPTS INC	44
<b>Certifications:Alzheimer Care</b>		
<b>HITCHCOCK HOUSE</b> 102 CREPE MYRTLE CT AIKEN, SC 29803 THRONTON, SUE C PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1412 / 11/30/2009 Aiken / Corporation 102 CREPE MYRTLE CT AIKEN, SC 29803 ASSISTED LIVING CONCEPTS INC	44
<b>Certifications:Alzheimer Care</b>		

## Division of Health Licensing

County: Aiken

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>PARKER'S RESIDENTIAL CARE HOME</b> 935 PINE VIEW DR NEW ELLENTON, SC 29809 PARKER, DRUCILLA O PH#: 803-652-7290 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0311 / 01/31/2010 Aiken / Sole Proprietorship 935 PINE VIEW DR NEW ELLENTON, SC 29809 DRUCILLA PARKER	9
<b>Certifications:None</b>		
<b>PERRY ELDERCARE</b> 182 ROBERTS ST NE PERRY, SC 29137 BROWN, MARY W PH#: 803-564-5092 <b>Fac. Cont. Email:</b> THEELDERCARES@AOL.COM	CRC-1183 / 01/31/2010 Aiken / Corporation PO BOX 1189 WAGENER, SC 29164 TOMACO INC	14
<b>Certifications:Alzheimer Care</b>		
<b>RUDNICK CRCF</b> 629 CHESTERFIELD ST AIKEN, SC 29801 MCKENZIE, WILLIE M PH#: 803-642-1041 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1429 / 02/28/2010 Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC	8
<b>Certifications:None</b>		
<b>SANDERS CRCF</b> 625 CHESTERFIELD ST AIKEN, SC 29801 MCKENZIE, WILLIE M PH#: 803-642-1041 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1430 / 02/28/2010 Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC	8
<b>Certifications:None</b>		
<b>SHADOW OAKS ASSISTED LIVING COMMUNITY</b> 108 GREGG AVE AIKEN, SC 29801 WILLIAMS, SANDRA G PH#: 803-643-0300 <b>Fac. Cont. Email:</b> SWILLIAMS@SHADOW-OAKS.COM	CRC-1425 / 10/31/2009 Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC	56
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>STERLING HOUSE OF NORTH AUGUSTA</b> 105 N HILLS DR NORTH AUGUSTA, SC 29841 CHILDERS, JOEL A PH#: 803-819-0034 <b>Fac. Cont. Email:</b> JCHILDERS@BROOKDALELIVING.COM	CRC-1298 / 12/31/2009 Aiken / Corporation 105 N HILLS DR NORTH AUGUSTA, SC 29841 BROOKDALE SENIOR LIVING COMMUNITIES INC	52
<b>Certifications:Alzheimer Care</b>		

County: Aiken

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
TRINITY LUTHERAN HOME 213 LAURENS ST NW AIKEN, SC 29801 HENRICH, CONSTANCE M PH#: 803-643-4200 Fac. Cont. Email: CHENRICH@TRINITYLUTHERANSC.ORG	CRC-0935 / 06/30/2009 Aiken / Corporation 213 LAURENS ST N W AIKEN, SC 29801 LUTHERAN HOMES OF SOUTH CAROLINA INC	55

Certifications: None

VILLAGE INN COMMUNITY CARE HOME 112 POWELL ST GRANITEVILLE, SC 29801-2906 HERRON, MICHELLE A PH#: 803-663-9495 Fac. Cont. Email: No Fac Cont. email on record	CRC-0396 / 03/31/2010 Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829 MICHELLE A HERRON	10
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Certifications: None

WE CARE RESIDENTIAL INC 2370 WILLISTON RD AIKEN, SC 29803 BUSH, ETHEL E PH#: 803-652-3652 Fac. Cont. Email: No Fac Cont. email on record	CRC-1034 / 08/31/2009 Aiken / Corporation 2394 WILLISTON RD AIKEN, SC 29803 WE CARE RESIDENTIAL INC	55
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Certifications: None

## Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed:	15	Number Licensed Units	530
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County: Aiken

## Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1048 <b>Fac. Cont. Email:</b> KEVANS@AIKENTDC.ORG	MR15-0141 / 07/31/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1046 <b>Fac. Cont. Email:</b> KEVANS@AIKENTDC.ORG	MR15-0142 / 07/31/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1042 <b>Fac. Cont. Email:</b> KEVANS@AIKENTDC.ORG	MR15-0207 / 06/30/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 EVANS, KASATRA PH#: 803-642-8800 <b>Fac. Cont. Email:</b> KEVANS@AIKENTDC.ORG	MR15-0209 / 06/30/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

## Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed: 
Number Licensed Units

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
LIBERTY HOME CARE AIKEN 610 ALDRICH ST NE AIKEN, SC 29801 EDISON, WENDI PH#: 803-643-0001 Fac. Cont. Email: No Fac Cont. email on record Counties Served Aiken License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y Other:	HHA-0196 / 08/31/2009 Aiken / Ltd. Liability 610 ALDRICH ST NE AIKEN, SC 29801 LIBERTY HOMECARE AND HOSPICE LLC	1
NHC HOMECARE - AIKEN 30 PHYSICIAN DR AIKEN, SC 29801-6388 BERRY, DONNA E PH#: 803-643-1701 Fac. Cont. Email: NHCHOMECASREAIIKEN@HOTMAIL.COM Counties Served Aiken License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: DIETARY CONSULTATION	HHA-0181 / 06/30/2009 Aiken / Limited Liability Limited Partnership PO BOX 3636 AIKEN, SC 29802-3636 NHC/OP LP	1
TRINITY HOME SERVICES HOME HEALTH 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 KEATING, JULIE PH#: 803-641-8220 Fac. Cont. Email: JULIEKEATING@TRIADHOSPITALSCOM Counties Served Aiken, Barnwell, Edgefield License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: NUTRITION, CHAPLAIN	HHA-0197 / 10/31/2009 Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 CSRA HOLDINGS LLC	3
UNIVERSITY HOME HEALTH NORTH AUGUSTA 106-B E MARTINTOWN RD NORTH AUGUSTA, SC 29841 HARDEN, MARY J PH#: 803-278-0770 Fac. Cont. Email: MHARDEN@UH.ORG Counties Served Aiken, Edgefield License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	HHA-0137 / 10/31/2009 Aiken / Corporation 106-B E MARTINTOWN RD NORTH AUGUSTA, SC 29841 UNIVERSITY HEALTH SERVICES INC	2

County: Aiken

Facility Type: Home Health

Facility Name	License Nbr/Expiration Date
Location Street	County/Ownership Typ
Location City, State	Mailing/Billing Addres
Administrator/Phone	Licensee
	Licensed Unit

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	4	Number Licensed Units	7
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## Division of Health Licensing

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>ALLIANCE HOSPICE</b> 528 EDGEFIELD RD STE H BELVEDERE, SC 29841 BYRD, CAROLYN PH#: 706-447-2461 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0109 / 05/31/2009 Aiken / Ltd. Liability 528 EDGEFIELD RD STE H BELVEDERE, SC 29841 ALLIANCE HOSPICE LLC	4
<b>Counties Served Aiken, Barnwell, Edgefield, McCormick</b>		
<b>LIBERTY HOME CARE AND HOSPICE AIKEN</b> 610 ALDRICH ST NE AIKEN, SC 29801 EDISON, WENDI PH#: 803-643-0001 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0112 / 08/31/2009 Aiken / Ltd. Liability 610 ALDRICH ST NE AIKEN, SC 29801 LIBERTY HOMECARE AND HOSPICE LLC	3
<b>Counties Served Aiken, Barnwell, Edgefield</b>		
<b>REGENCY HOSPICE OF SOUTH CAROLINA-AIKEN</b> 105 SUMMERWOOD WAY STE D AIKEN, SC 29803 JONES, VERONICA PH#: 803-648-2117 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0086 / 02/28/2010 Aiken / Ltd. Liability 105 SUMMERWOOD WAY STE D AIKEN, SC 29803 REGENCY HOSPICE OF GEORGIA LLC	27
<b>Counties Served Abbeville, Aiken, Anderson, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Edgefield, Fairfield, Greenville, Greenwood, Kershaw, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York</b>		
<b>SOUTHERNCARE - AIKEN</b> 35 VARDEN DR STE A & B AIKEN, SC 29803 ROGERS, MARLA PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0081 / 02/28/2010 Aiken / Corporation 35 VARDEN DR STE A & B AIKEN, AL 29803 SOUTHERNCARE INC	9
<b>Counties Served Aiken, Bamberg, Barnwell, Edgefield, Greenwood, Hampton, Lexington, McCormick, Saluda</b>		
<b>TRINITY HOME SERVICES-CENTER FOR HOSPICE &amp; PALLIATIVE CARE</b> 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 KEATING, JULIE PH#: 803-641-8220 <b>Fac. Cont. Email:</b> JULIEKEATING@TRIADHOSPITALSCOM	HPC-0116 / 10/31/2009 Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 CSRA HOLDINGS LLC	3
<b>Counties Served Aiken, Barnwell, Edgefield</b>		

## Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed: 
Number Licensed Units

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	
AIKEN REGIONAL MEDICAL CENTER	HTL-0152 / 11/30/2009	230
302 UNIVERSITY PKWY	Aiken / Corporation	
AIKEN, SC 29801	302 UNIVERSITY PKWY	
MILANES, CARLOS PH#: 803-641-5383	AIKEN, SC 29801-6334	
<b>Fac. Cont. Email:</b> No Fac Cont. email on record	AIKEN REGIONAL MEDICAL CENTERS INC	
<b>Licensed Beds: General: 183 Psychiatric: 29 Rehab: 0 Substance Abuse 18</b>		
<b>Other Beds NICU: 0 Neonatal Special Care 8</b>		
<b>Certifications:Perinatal Level II, JCAHO Accredited</b>		

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Aiken

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ANNE MARIA REHABILITATION AND NURSING CENTER 1200 TALISMAN DR NORTH AUGUSTA 29841 WATERS, KERRY A PH#: Fac. Cont. Email:No Fac Cont. email on record	NCF-0721 / 05/31/2009 Aiken / Corporation 1200 TALISMAN DR NORTH AUGUSTA, SC 29841 ANNE MARIA INC	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		
Certifications:None		
AZALEA WOODS 123 DUPONT DR AIKEN, SC 29801 ARMSTRONG, TIM E PH#: 803-648-0434 Fac. Cont. Email:TARMSTRONGLOU@HOTMAIL.COM	NCF-0938 / 12/31/2009 Aiken / Corporation 123 DUPONT DR AIKEN, SC 29801 AIKEN NURSING HOME INC	86
Licensed Beds Nursing Home 86 Institutional Nursing Home 0		
Certifications:None		
CARRIAGE HILLS LIVING CENTER 550 E GATE DR AIKEN, SC 29803 BOWLES, ROBERT F PH#: 803-643-3694 Fac. Cont. Email:JSWIFT@HMR-LTC.COM	NCF-0902 / 09/30/2009 Aiken / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 CARRIAGE HILLS LIVING CENTER LLC	60
Licensed Beds Nursing Home 60 Institutional Nursing Home 0		
Certifications:None		
HERITAGE HEALTHCARE AT MATTIE C HALL L L C 830 LAURENS ST AIKEN, SC 29801-0475 HAY, WINONA MICHELLE PH#: 803-649-6264 Fac. Cont. Email:No Fac Cont. email on record	NCF-0942 / 06/30/2009 Aiken / Ltd. Liability 830 LAURENS ST AIKEN, SC 29801-3416 HERITAGE HEALTHCARE AT MATTIE C HALL L L C	176
Licensed Beds Nursing Home 176 Institutional Nursing Home 0		
Certifications:Alzheimer Unit, Alzheimers Care		
NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 HILL, HEATH E PH#: 803-278-4272 Fac. Cont. Email:B.MOORHOUSE@CHARTER.NET	NCF-0799 / 06/30/2009 Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC	192
Licensed Beds Nursing Home 192 Institutional Nursing Home 0		
Certifications:None		

County: Aiken

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PEPPER HILL NURSING & REHAB CENTER L L C 3525 AUGUSTUS RD AIKEN, SC 29801 JONES, PRESTON S PH#: 803-642-8376 Fac. Cont. Email:ROXANNEWEESE@PEPPERHILL.COM	NCF-0879 / 11/30/2009 Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER L L C	132
Licensed Beds	Nursing Home	132
Institutional Nursing Home		0
Certifications:Alzheimer Unit		

## Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	6	Number Licensed Units	778
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County: Aiken

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 1105 GREGG HWY AIKEN, SC 29801 MATTOCKS, H HERBERT PH#: 803-649-1900 Fac. Cont. Email:INFO@AIKENCENTER.ORG	OTP-0006 / 06/30/2009 Aiken / County 1105 GREGG HWY AIKEN, SC 29801 AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	1

Certifications:None

## Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:  Number Licensed Units

## County: Aiken

## Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>AIKEN DIALYSIS</b> 775 MEDICAL PARK DR AIKEN, SC 29801-6306 BASS, SUSAN PH#: 803-641-4222 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0034 / 03/31/2010 Aiken / Corporation C/O DAVITA- LICENSURE/CERTIFICATION, 5200 VIRGINIA WAY BRENTWOOD, TN 37027 DVA HEALTHCARE RENAL CARE INC	21
<b>Licensed Stations:</b>	<b>Hemodialysis: 20 Peritoneal: 1</b>	
<b>DCA OF SOUTH AIKEN LLC</b> 169 CREPE MYRTLE CT AIKEN, SC 29803-7543 JOHNSON, CONSTANCE RENEE PH#: 803-593-8169 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0156 / 03/31/2010 Aiken / Ltd. Liability 214 SENATE AVE STE 300 CAMP HILL, PA 17011-2236 DCA OF SOUTH AIKEN LLC	18
<b>Licensed Stations:</b>	<b>Hemodialysis: 18 Peritoneal: 2</b>	
<b>FMC - NORTH AUGUSTA</b> 802 E MARTINTOWN RD, STE 195 NORTH AUGUSTA, SC 29841-5320 SHACKFORD, MICHELLE PH#: 803-819-9137 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0118 / 08/31/2009 Aiken / Corporation 802 E MARTINTOWN RD, STE 195 NORTH AUGUSTA, SC 29841-5320 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	15
<b>Licensed Stations:</b>	<b>Hemodialysis: 15 Peritoneal: 0</b>	
<b>NORTH AUGUSTA DIALYSIS</b> 201 EDGEFIELD RD NORTH AUGUSTA, SC 29841-2400 LOPEZ, ANNA PH#: 803-442-4489 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0053 / 05/31/2009 Aiken / Corporation C/O DVA HEALTHCARE RENAL CARE INC., 5200 VIRGINIA WAY BRENTWOOD, TN 37027 DVA HEALTHCARE RENAL CARE INC	16
<b>Licensed Stations:</b>	<b>Hemodialysis: 16 Peritoneal: 0</b>	
<b>RIVER VIEW KIDNEY CENTER</b> 540 ATOMIC RD NORTH AUGUSTA, SC 29841-4253 POOLE RN, EMILY O PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0173 / 09/30/2009 Aiken / Ltd. Liability C/O NATIONAL RENAL ALLIANCE L.L.C., 730 COOL SPRINGS BLVD STE 100 FRANKLIN, TN 37067-7290 NRA - NORTH AUGUSTA SOUTH CAROLINA L L C	22
<b>Licensed Stations:</b>	<b>Hemodialysis: 21 Peritoneal: 1</b>	

## Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	5	Number Licensed Units	92
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Number of Activities/Facilities licensed in county of	Aiken	# Lics	46
	Number Licensed Units :	1,739	

	Report Total	1,739
Total Number of Activities/Facilities licensed	46	Total Number Licensed Units